



Illinois Environmental Protection Agency

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Notice of Intent for New or Renewal of General Permit for Discharges from Small Municipal Separate Storm Sewer Systems - MS4's

Part I. General Information

1. MS4 Community Name: McLean County MS4 Permit #: ILR40 0265
Population (based on 2010 census): 169,572
2. MS4 Mailing Address: 115 E. Washington Street City: Bloomington, IL Zip: 61701
Contact Person Luke D. Hohulin Title: Asst. County Engineer Phone: (309) 663-9445
3. Email Address: luke.hohulin@mcleancountyil.gov
4. Community Type: County Other: Area of Responsibility: County Highways
5. Name(s) of governmental entity(ies) in which MS4 is located:
City/Village: _____ Township: _____ County: McLean
City/Village: _____ Township: _____ County: _____
6. Area of land that drains to your MS4 in square miles: _____
7. Latitude and Longitude at approximate geographical center of MS4 for which you are requesting authorization to discharge:
Latitude: 40 30 30 Longitude: 88 58 58
Degrees Minutes Seconds: Degrees: Minutes: Seconds:
Is MS4 Community a Co-Permittee with another MS4 Community: ☐ Yes ☒ No
If yes, MS4 Permittee you are Co-Permittee with: _____
MS4 Permit # of Permittee: ILR40 _____
8. Name(s) of known receiving waters Impairment listed on 303d List or TMDL?

<u>Sugar Creek</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<u>Kickapoo Creek</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Six Mile Creek</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Kings Mill Creek</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>Money Creek</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>West Branch Sugar Creek</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<u>North Branch Sugar Creek</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Persons responsible for implementation or coordination of Stormwater Management Program:

Name: Philip Dick Title: Director Phone: (309) 888-5160

Email: philip.dick@mcleancountyil.gov

Area of Responsibility: Building & Zoning

Part II. Best Management Practices (include shared responsibilities) which have been implemented or are proposed to be implemented in the MS4 area:

A. Public Education and Outreach

Qualifying Local Programs:

See attached McLean County Storm Water Management Plan.

Measurable Goals (include shared responsibilities)

- ☒ A.1 Distributed Paper Material

Brief Description of BMP:

See attached McLean County Storm Water Management Plan for the BMP's and goals.

Measurable Goals, including frequencies:

Milestones:

Go to Additional Pages

Year 1:

Year 2:

Year 3:

Year 4:

Year 5:

- ☐ A.2 Speaking Engagement
- ☐ A.3 Public Service Announcement
- ☒ A.4 Community Event
- ☒ A.5 Classroom Education Material
- ☐ A.6 Other Public Education

B. Public Participation/Involvement

Qualifying Local Programs:

See attached McLean County Storm Water Management Plan.

- ☐ B.2 Educational Volunteer
- ☐ B.3 Stakeholder Meeting
- ☐ B.4 Public Hearing
- ☒ B.5 Volunteer Monitoring
- ☒ B.6. Program Involvement
- ☐ B.7 Other Public Involvement

C. Illicit Discharge Detection and Elimination

Qualifying Local Programs:

See attached McLean County Storm Water Management Plan.

Measurable Goals (include shared responsibilities)

- ☒ C.1 Sewer Map Preparation
- ☐ C.2 Regulatory Control Program
- ☐ C.3 Detection/Elimination Prioritization Plan
- ☐ C.4 Illicit Discharge Tracing Procedures
- ☐ C.5 Illicit Source Removal Procedures
- ☐ C.6 Program Evaluation and Assessment
- ☐ C.7 Visual Dry Weather Screening
- ☐ C.8 Pollutant Field Testing
- ☐ C.9 Public Notification
- ☒ C.10 Other Illicit Discharge Controls

D. Construction Site Runoff Control

Measurable Goals (include shared responsibilities)

Qualifying Local Programs:

See attached McLean County Storm Water Management Plan.

- ☒ D.1 Regulatory Control Program
- ☒ D.2 Erosion and Sediment Control BMPs
- ☐ D.3 Other Waste Control Program
- ☒ D.4 Site Plan Review Procedures
- ☐ D.5 Public Information Handling Procedures
- ☒ D.6 Site Inspection/Enforcement Procedures
- ☐ D.7 Other Construction Site Runoff Controls

E. Post-Construction Runoff Control

Qualifying Local Programs:

See attached McLean County Storm Water Management Plan.

Measurable Goals (include shared responsibilities)

- ☒ E.1 Community Control Strategy
- ☐ E.2 Regulatory Control Program
- ☐ E.3 Long Term O & M Procedures
- ☐ E.4 Pre-Construction Review of BMP Designs
- ☒ E.5 Site Inspections During Construction
- ☒ E.6 Post-Construction Inspections
- ☐ E.7 Other Post-Construction Runoff Controls

F. Pollution Prevention/Good Housekeeping

Measurable Goals (include shared responsibilities)

Qualifying Local Programs:

See attached McLean County Storm Water Management Plan.

- ☐ F.1 Employee Training Program
- ☒ F.2 Inspection and Maintenance Program
- ☐ F.3 Municipal Operations Storm Water Control
- ☐ F.4 Municipal Operations Waste Disposal
- ☐ F.5 Flood Management/Assess Guidelines
- ☒ F.6 Other Municipal Operations Controls

Part III. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony (415 ILCS 5/44 (h)).

John D. McIntyre

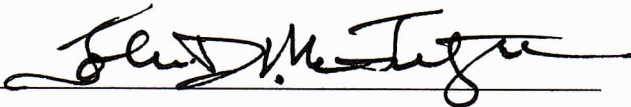
Authorized Representative Name

County Board Chairman

Title

5/15/19

Date



Authorized Representative Signature

You may complete this form online and save a copy locally before printing and signing the form. It should then be sent to:

Illinois Environmental Protection Agency
Bureau of Water
Division of Water Pollution Control
Attn: Permit Section
P.O. Box 19276
1021 North Grand Avenue East
Springfield, IL 62794-9276